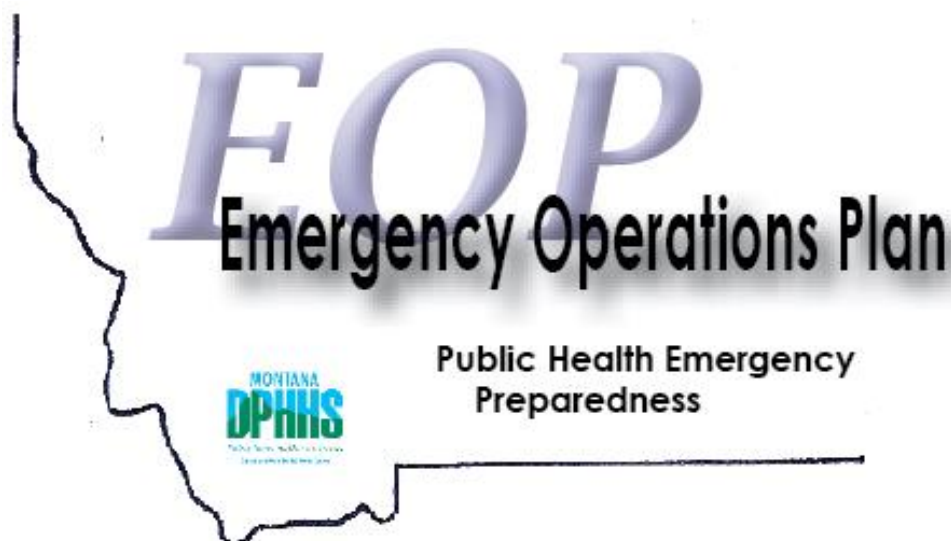


Montana Department of Public Health & Human Services



January 2017
Version 7.5

DPHHS Emergency Operations Plan



Authorization & Concurrence

Authority and responsibility for certain state resources rest with the Department of Public Health and Human Services (DPHHS) in support of the Montana's local and tribal jurisdictions responding to public health, medical, and human service emergencies.

This plan complies with existing federal, state, and local statutes and agreements made with the various agencies identified within. DPHHS management is responsible for the preparation and maintenance of emergency preparedness documents and the commitment to the training and exercises required to support this plan.

All partners with roles identified in this plan have participated in its development and are responsible for advising the Public Health Emergency Preparedness Section of any changes in their procedures or operations that could affect the implementation of emergency responses undertaken by DPHHS.

DPHHS welcomes any comments for this plan's improvement from all partners as well as the general public. These comments or questions should be directed to the Public Health Emergency Program at (406)449-0919.

This plan is hereby approved for implementation. It supersedes all previous editions.

Sheila Hogan

Director, Montana DPHHS


(Sign)


(Date)

Record of Change

[illegible]

***NOTE:** Changes made will be incorporated into the next version of the plan.

Record of Distribution

Upon approval of this plan, the Public Health Emergency Preparedness Section will make an electronic copy available. To provide comments and suggestions for future revisions, email hhspep@mt.gov or call 406-444-0919.

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The Department of Public Health and Human Services schedules a regular review of all Department Emergency Operations Plans, Supporting Annexes, Standard Operating Procedures, and other guidance documents used to respond to public health emergencies.

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Section I: Purpose, Scope, and Assumptions

Purpose

This Montana Department of Public Health and Human Services (DPHHS) **Public Health & Human Services Emergency Operations Plan (EOP)** is designed to identify the roles and responsibilities of the Department during times of emergency or disaster. It also provides a structure to facilitate prompt and efficient emergency responses to protect the health of Montanans. It delivers the framework in which the Department and its Branches and Divisions can plan and perform their respective functions during public health, medical, and human services emergencies. This EOP is supported by its subordinate annexes, standard operating procedures (SOP), and guides. The existence of this EOP is to satisfy the emergency response requirements assigned by the State through the **Montana Emergency Response Framework (MERF)** maintained by the Montana Disaster Emergency Services (DES).

This plan is a flexible document providing general guidance. Adjustments to the contents of this plan can, and will, occur due to the unique nature of emergencies. This deviation, using initiative and common sense, is authorized and encouraged in order to adapt to a specific emergency and to ensure public safety.

Scope

This emergency response plan supports the MERF by outlining the procedures and actions that the DPHHS will use to execute the responsibilities of **Emergency Support Function (ESF) #6 Mass Care, Emergency Assistance, Housing, & Human Services** and **ESF #8 Public Health and Medical Services** (see page 7, Concept of Operations).

The scope of this plan is not limited by the nature of any particular disease or event. It is governed by the principle of all hazards planning. This approach allows the flexibility for DPHHS to respond with equal effectiveness to all events, hazards, emergencies, and disasters or other events that affect public health and the recovery of essential human services in Montana.

The operational scope of this plan pertains only to DPHHS. It does not define or supplant any emergency operating procedures or responsibilities for any other agency or organization, including the primary and support agencies defined in the MERF and here-in.

Situation

Montana is vulnerable to a number of natural, man-made, and technological hazards. These hazards have a potential to pose a significant threat to the health and safety of Montana citizens. The MERF includes an analysis of potential hazards in Montana.

- Public health threats in Montana include communicable infectious diseases, food and water contamination, consumer goods contamination, radiological or chemical incidents, bioterrorism, and natural disasters
- Local authorities are independent in their management of health and human service emergencies. Event response from a State level recognizes this local authority and conducts coordination activities as appropriate

- DPHHS provides technical assistance regarding public health, medical, and human service needs to local governments, hospitals, Emergency Medical Systems (EMS), urgent care centers, skilled nursing facilities, mental health providers, child care centers, clinical providers, and pharmacies
- The State of Montana acknowledges the sovereignty of the seven tribal nations and works through government-to-government relationships and collaborates for the provision of public health, medical, and human service needs
- DPHHS has 12 divisions with functions that span Montana to provide health and human services to its citizens

Assumptions

For the purpose of designing responses in an all hazard environment, this plan provides a functional framework based on the following assumptions.

- This plan assumes that the authority of the Director of DPHHS is conferred upon his or her designees to make command and operational decisions in an emergency or crisis response
- Disease outbreaks and other public health, medical, and human services emergencies will not always unfold in a well-defined and predictable manner, and could develop from routine responses
- Public health related emergencies can occur at any time and location, and could result in either short- or long-term operations
- Public health, medical and human service emergency responses are conducted at the local or tribal level when possible
- Local, state, tribal and federal responders will have overlapping responsibilities
- Availability of resources could impact the State's response during incidents, emergencies, or disasters. If the response requirements go beyond State capabilities, federal assistance will be requested
- In the early stages of an incident, it might not be possible to fully assess the situation and verify the level of assistance required
- At times, the elected government officials, department directors, branch managers or administrators might not be available to perform their duties
- Not all local public health agencies will be able to respond to an emergency with the appropriate resources
- PHSD staff is trained in the incident command system (ICS) and the principles of emergency planning, response and recovery
- DPHHS maintains its responsibilities under continuity of operations planning (COOP) to ensure the performance of State Essential Functions under all conditions
- Federal agencies identified in the National Response Framework for ESF #6 and #8 will follow the National Incident Management System (NIMS) and integrate into DPHHS operations during emergency that affect Montana

Section II: Concept of Operations

DPHHS has been tasked under the authority of the Governor and identified in the MERF to have lead and support roles in ESF #6 and ESF #8, which are identified in this EOP. The MERF is the primary plan for managing incidents and outlines the coordinating structures and processes used during emergency responses in Montana. During operations, the State Emergency Coordination Center (SECC) might task DPHHS with other emergency roles if necessary.

Situational Awareness

DPHHS continually monitors and evaluates current public health and human service issues throughout the state. It has primary responsibility for the analysis of state-wide public health, medical assistance, and human service needs, as well as determining the appropriate level of response. Emergency response activities include the ongoing investigation and tracking of disease through its epidemiological processes.

The Department provides assistance under its own statutory authorities to local and tribal partners. In these cases, every reasonable attempt is made to review and verify needs when a local or tribal agency requests assistance.

Activation

- This plan is implemented at the discretion of the Director of DPHHS or designees
- All or parts of the plan may be implemented, including partial or full implementation of its associated annexes, SOPs, and guides as necessary
- DPHHS will activate this plan based upon the scope, magnitude, and complexity of an event. The level of activation is further explained in the *DPHHS Department Operations Center Guide*

Incident Management

Montana uses NIMS as the official disaster and emergency management model which provides the principles and concepts for managing all incidents, including health and medical related emergencies

DPHHS utilizes and integrates with the nationalized standard of ICS protocols and principles to provide technical assistance and follows command and general staff roles in the DOC (see the *DPHHS Department Operations Center Guide* for more information).

The DOC is the primary location from which the DPHHS Incident Manager (IM) will manage the response to any incident requiring ESF #6 or #8 operations.

- Whenever the DOC is activated, personnel will be notified in accordance with department SOPs
- The primary location of the DOC is in the Cogswell Building, Room C 209, 1400 Broadway, Helena
- The alternate site is the DPHHS Commodities Warehouse at 1400 Carter in Helena
- If the primary or alternate sites are unavailable, a mobile command unit would be established

Regardless of the location, NIMS and ICS will remain as the operating management protocols.

DPHHS maintains a duty officer system to remain available for the point of contact for non-standard events, to assess the situation, determine initial subject matter assignment, report actions, and document and coordinate communications for the situation as needed

Coordination

Acting under the authority of the Director of DPHHS, emergency response operations are coordinated through the DOC, and follow the Incident Command System (ICS) for direction and control during an emergency.

DPHHS operations are also coordinated with the DES SECC.

Continuity of Operations

DPHHS maintains continuity plans to ensure the function of the agency and the continuity of its assigned **State Essential Functions** under all conditions. In an event that interrupts the functional operation of the Department, the Continuity of Operations Plan (COOP) guides recovery priorities to move it back to an operable status. The Montana Department of Administration manages the State Government Continuity Program.

Section III: Roles & Responsibilities

DPHHS is the primary State agency for *ESF #8 Public Health & Medical Services* and *ESF #6: Mass Care, Emergency Assistance, Housing, and Human Services*. Primary agency responsibilities include being the initial point of contact for the SECC, maintain contact with support agencies, and provide leadership, guidance and direction in fulfilling the mission of an emergency response. In this capacity, DPHHS will assist with coordinating ESF #6 and #8 roles with other State agencies and partner organizations.

Each Division could have a role in emergency response, depending on its ESF #6 or #8 role. Predetermined roles are found in Appendix B.

ESF #6 Mass Care, Emergency Assistance, Housing, & Human Services

The MERF defines this emergency support function as promoting the delivery of services and the implementation of programs to assist individuals, households, and families impacted by potential or actual disasters (MERF, 2012, pg. 40). See the ESF #6 Annex to this EOP.

ESF #8 Public Health and Medical Services

The MERF defines this emergency support function as providing technical support to local and tribal governments for behavioral health, public health and medical infrastructure, including crisis counseling services (MERF, 2012, pg. 41). See the ESF #8 Annex to this EOP.

Incident Command Advisory Group

The Incident Command Advisory Group (ICAG) functions to provide expert technical, scientific and administrative advice in support of Command's mission and objectives.

The composition of the ICAG has been designated by the Director. It includes

- DPHHS Public Health & Safety Division (PHSD) administrator
- State Medical Officer
- Senior State Public Health Epidemiologist
- Public Health Emergency Preparedness & Training Section Supervisor
- DPHHS CDCP Bureau Chief

- Laboratory Bureau Chief
- Career Epidemiology Field Officer (Centers for Disease Control and Prevention)
- DPHHS Public Information Officer
- Other subject matter experts (SMEs) as needed depending on the particular incident

The Director could designate additional persons to serve as on the ICAG.

DPHHS Public Health Emergency Preparedness Section

PHEP is the primary section that staffs the Department Operations Center (DOC) and provides support and coordination to the department during an emergency response. PHEP also writes and maintains the EOP and its related documents for emergency preparedness.

Local and Tribal Jurisdictions

All emergency or crisis incidents begin and end locally. DPHHS supports local authorities during local public health events when their resources are overwhelmed, or anticipated to be overwhelmed, while maintaining their statutory role to protect and promote public health and provide public assistance.

Non-Governmental Agencies and Organizations

DPHHS works with private non-profit organizations, such as those represented by the Volunteer Organizations Active in Disasters (VOAD), and healthcare facilities to coordinate and deliver emergency management services. The partner agencies retain their authority in emergency

Section IV: Maintenance

A planning advisory group, organized by PHEP, reviews this plan annually to remain accurate and current. The goal is to determine whether the capabilities of the department meet all essential factors identified in applicable State and Federal guidelines for emergency response. This review cycle is established to update and review internal directives and external rules and regulations for information that may impact the EOP.

- This plan is effective immediately upon receipt and signature of the Director
- All DPHHS units involved in the execution of this plan should be organized, equipped, and trained to perform all designated and implied responsibilities contained in this plan and its implementing instructions for both response and recovery operations
- All DPHHS units are encouraged to develop and maintain their own internal operating and notification procedures. No part of this plan is intended to supplant agency SOPs
- All department units are responsible for filling any important vacancies, recalling personnel from leave if appropriate
- Personnel designated as representatives to the SECC or DOC should make prior arrangements to ensure that the health and safety of their families are set in the event of an emergency, so to ensure a prompt, worry-free response and subsequent duty

Training & Exercise

DPHHS employs a multi-year strategy outlining long-term development and maintenance of its preparedness and response capabilities using this plan. The program includes opportunities for DPHHS staff to train to the elements of this plan and its related annexes, procedures, and protocols. It tests

staff and the plan components of varying types and scopes to evaluate effectiveness and to improve the overall DPHHS response capabilities. The key objectives of the testing and exercising program are

- Maintain and expand readiness for public health and medical incidents and emergencies.
- Test and validate equipment for operability and capability
- Familiarize public health, medical, and human services staff and other partners with emergency response procedures
- Confirm emergency communications contacts
- Test and improve plans, policies, procedures, and systems to identify and perform corrective actions

DPHHS follows the Homeland Security Exercise and Evaluation Program (HSEEP) doctrine which includes After Action Reports/Improvement Plans (AAR/IP).

Section IV: Authorities & References

Emergency response in Montana is carried out under the authorities of Montana Code Annotated and organized through the Montana Emergency Response Framework (MERF). The organization and policies under which public agencies coordinate and manage emergency responses are defined by

- State of Montana Intrastate Mutual Aid System (IMAS) (MCA 10-3-9)
- Emergency Management Assistance Compact (EMAC)
- National Incident Management System (NIMS)
- National Response Framework (NRF)

Federal Directives, Laws, and Statutes

- Public Health Service Act 42 USC, as amended
- Public Readiness and Emergency Preparedness Act (countermeasures, immunity from tort liability) of 2005
- Pandemic and All-Hazards Preparedness Act of 2006
- Pandemic and All-Hazards Preparedness Reauthorization Act of 2013
- Social Security Act (Medicare, Medicaid, CHIP, and HIPAA Requirements), as amended
- Food and Drug Administration Emergency Use Act, as amended

State Directives, Laws, and Statutes

- Montana Code Annotated (MCA) Title 10, Chapter 3 - *Disaster and Emergency Services*
- Montana Code Annotated (MCA) Title 50 – *Health & Safety*
- Montana Code Annotated (MCA) Title 7 – Related to Emergency Medical Services
- Administrative Rules of Montana (ARM) Title 37 – Public Health and Human Services
- Montana Executive Order #17-04, Adoption of the National Incident Management System, Office of the Governor, 2004

Planning References

- National Preparedness System, Department of Homeland Security, 2013

- Centers for Disease Control: *Public Health Emergency Response Guide for State, Local, and Tribal Public Health Directors Version 1.0*, US Dept. of Health & Human Services, October 2004
- Public Health Preparedness Capabilities, Centers for Disease Control and Prevention, 2011
- NFPA 1600, Standard on Disaster/Emergency Management & Business Continuity Programs, 2010 Edition.

Section V: Appendices

Appendix A EOP Components

Appendix B DPHHS Division Roles & Responsibilities

Appendix A: EOP Components

Functional Plans

ESF #6

ESF#6 Support Annexes

- Mass Care
- Emergency Assistance (unwritten)
- Temporary Housing (unwritten)
- Human Services (unwritten)

ESF # 8

Continuity of Operations

Support Annexes

Behavioral Health Emergency Response

Communicable Disease Epidemiology

Crisis and Emergency Risk Communication

EMS & Trauma (unwritten)

Emergency Food Safety and Defense

Medical Supplies Management and Distribution

Medical Surge

Non-Infectious and Environmental Health Threat Response

Public Health Laboratory

Tactical Communications

Volunteer & Donations Coordination

Incident Specific Annexes

Pandemic Influenza

Ebola Virus Disease Response

Standard Operating Procedures

After Action Report/Improvement Plan Guide

Communications Equipment Guides

Communications Trailer

Disaster Food Stamp Program (out of date)

Donations Management (under development)

DPHHS Duty Officers Manual

Hospital Available Beds for Emergencies and Disasters (HAvBED)

Health Alert Network (HAN)

Incident Management Standard Operating Guide

Information Management Guide

Mass Vaccination

Non-Pharmaceutical Intervention

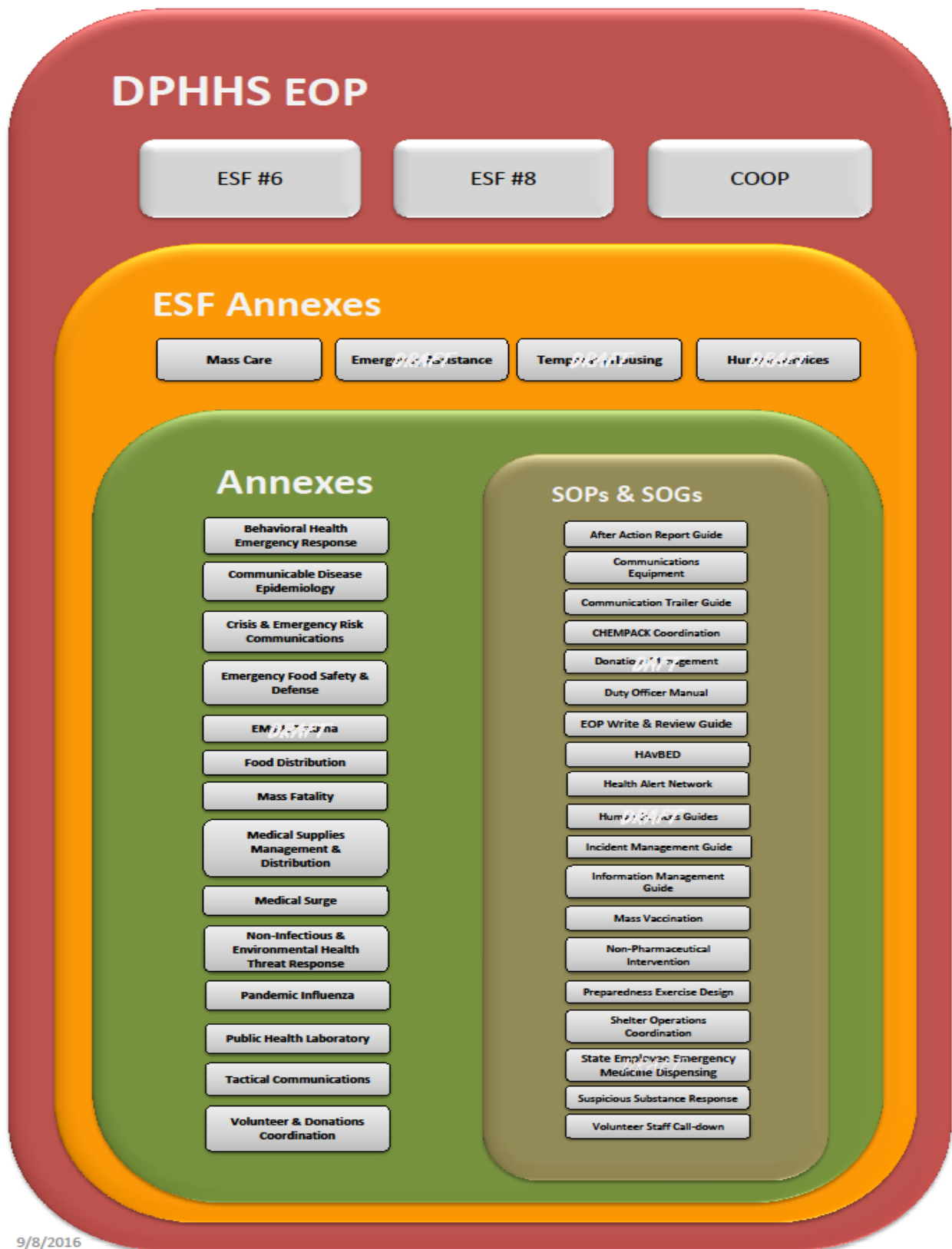
Planning Process Guide

Special Supplemental Nutrition Program for Women, Infants and Children (WIC) (out of date)

Suspicious Substance Response

Volunteer Staff Call-down

Emergency Operations Preparedness Plan Matrix



Appendix B: DPHHS Division Roles & Responsibilities

Administration

- Directs, oversees, and ensures a heightened level of service in the continuance and implementation of all health and human services programs during a crisis, emergency, or disaster

Operations Services Branch

Business and Financial Services Division

- Ensure continuing support services for the department, including financial and accounting oversight, cash management, preparation and filing of federal financial reports, purchasing supplies and equipment, payroll processing, audit coordination, lease management, mail handling, and property and records management

Quality Assurance Division

- Assist medical facilities with licensure issues in the event of necessary evacuation

Technology Services Division

- Maintain and structure critical technological and telecommunications systems to provide dissemination of urgent health related information to internal and external partners

Medicaid and Health Services Branch

Addictive & Mental Disorders Division

- Coordinate program delivery to implement the heightened level of service required to assist those affected by the incident, emergency or disaster
- Facilitates and ensures access to services for persons with mental illness and or substance abuse issues

Disability Services Division

- Coordinate support and care for abandoned, abused or neglected people with disabilities as well as provide for their safety and health. Coordinate with partners and service organizations to ensure assistance for shelter operations to accommodate persons with disabilities. Provides and/or assists contract providers with the immediate care needs of citizens with developmental disabilities from group homes, day programs and other facilities
- Provides mental health services

Health Resources Division

- Provide the necessary processes to reimburse the primary and acute care portions of the Medicaid program. (*Human Service Programs*) (ESF 6 & 8)

Senior & Long Term Care Division

- Provide information to federal, state and local jurisdictions regarding nursing homes, senior centers, homebound or displaced seniors and seniors with disabilities
- Coordinate with partner agencies and service organizations to support and care for abandoned, abused or neglected seniors as well as provide for their safety and health

Economic Security Services Branch

Child & Family Services Division

- Coordinate support and care for displaced, abandoned, orphaned, abused or neglected children as well as provide for their safety and health
- Ensure the protection and care of residents, staff and others from group home settings
- Coordinate with partner agencies and service organizations to utilize, and facilitate access to, the National Emergency Family Registry Locator System (NEFRLS) and the National Emergency Child Locator Center (NECLC)

Child Support Enforcement Division

- Provides federal and state mandated child support enforcement services.

Human & Community Services Division

- Provides for cash assistance, employment training, food stamps, Medicaid, child care, meal reimbursement, nutrition training, energy assistance, weatherization, and other services to assist individuals
- Organizes, coordinates and ensures the distribution of food during the state's response to an emergency
- Shares the lead with Disaster and Emergency Services (DES) to organize and coordinate the state's "Donations Management Plan"

Public Health and Safety Division

- Coordinates and facilitates the state's response and support to incidents affecting the public's health and medical requirements
- Coordinates Risk Communication and Public Information with DPHHS Public Information Office staff
- Ensure the safety and security of federally regulated foods
- Maintain a 24-hour duty officer program to facilitate processing and responding to incoming incident, emergency or disaster related calls
- Responsible for the maintenance, activation and operation of the Department's Emergency Operations Center (DOC)
- Is the lead for the execution of the Strategic National Stockpile Plan, including receipt, management and distribution of those assets
- Coordinates assistance to medical facilities and local Emergency Medical Services (EMS) entities
- Coordinates and provide additional mass casualty and mass fatality management support to local and tribal jurisdictions when requested
- Activate and manage the statewide call center and donations management hotlines when required
- Management of vital records and statistics